			SERADI	THEN	TOPPI	ISLIC LIES THE AND COOKE CED				
S S	À	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH								
CHILD CARE FACILITY										
THE STATE OF THE S	y					PECTION REPORT				
REA	ASON ,	GRADE	Inspecti	tion D		ESTABLISHMENT NAME:				
Regular	1	'	04	00	2018	MONTESSORI LEARNIN	3G CE	NTEC_		
Follow-Up		2	Time In	i/Out:		OWNER/OPERATOR:				
Complain			a:45/	4m   1	11:00AM	GWAM MONTESSORI, I				
Investigat	ion	RATING		Sanitary Permit No.:		TEOGRITOIN:		ment Type:		
Other:		[ A	Sanitary			HACTION	ccc			
			200			PENIVITI STATUS		emporary _		xpired
-		Male 17		the same of the sa		Child Care License: No.: 170145				,
Ine in	ollowing ite a ar saanei	ms identily	violation tnember	is four	nd this da	ay in the operations and facilities which n-compliance may result in downgrad	ch must b	e corrected	by the ne	ext
IIIaheene.	101 Sound.	a written r	equest f	or he	aring mus	n-compliance may result in downgrad st be submitted before the indicated o	correction	/Mit suspendate.	SION. 10	appear
ITEM*			5.71			MARKS		DEMERIT	CORRE	CTBY
	A REGU	ALAR IN	N COECT	101		CONDUCTOD TODAY . PHO	n hall	1		MAD
	INSPECTION DATED 01/22/2018 RESULTED IN A RATING/GRADE									
								-	<del></del>	
	OF 4/A. PREVIOUS VIOLATION (#3) WAS CORRECTED.									
	THE FOLIAWING NORE OBS BRUDO TODAY:							'		
29.	NO SU	REEN W	15 PRI	NIE	X50 Fr	OR EXHAUST FAN IN MAL	e/Form	12	05/06	12018
	RESTROOM OF SNACK AREA. ONE LIVE COCKROACH WAS FOUND									+
	IN MALE/FEMALE RESTROOM OF SNACK ARCH.									
	ALL WINDOWS, DOORS, VONTILATORS, MNO OTHER OUTSIDE									
	OPOWINGS SHALL BE EQUIPPED WITH CLOSE FITTING SCREEN									
	OF 10 MESH TO PREVENT BUTRY OF POSTS.									
	0, ,,	Missel	10 1.	<u>*0</u>	NI VA	MEN OF 14012.				
71	1 2145			* 38	2 250		****			
						ENSER WAS LEFT ON THE W		COS		
- 1						peam. THE PUTTE POSTO	MS	<b></b>		
		RP OBTO								
	*	* Cos:	PER	60N ·	- 1N- C	HARGE REMOUBO SHARP	OBJECT.			
	PHOTOS	WURE	TAK	SNJ.					LI Em	
	Remove					NO. 02622				
	POSTED	) PU	ACARD	) "		NO. 02688.				
		sed re				Ms. CHONA COMINGO, O			- PARM	
						on(s) and I am aware of the corre	ctive me	asures to	be taker	1.
		ny of the fol				Received By (Name & Title):	N: 1	_		
cited a		ey shall be on some of this inspection.					)(rect	100		
(2), (4), (6)	_	), (23), (24), (	*		& (40).	DEH Inspector (Name & Title)	1/K. DE	- MUNOT	PH)	TON